

SUBSTANCE ABUSE

I. INTRODUCTION

Substance abuse is the use of tobacco, alcohol, illegal drugs, prescription drugs or other substances in ways not conducive to the overall health of the individual. Substance abuse constitutes a significant public health problem in the United States with high costs in terms of life lost and healthcare expenditures.

The number of drug- and alcohol-related intoxication deaths occurring in Maryland increased in 2015 for the fifth year in a row, reaching an all-time high. Eighty-six percent of all intoxication deaths that occurred in Maryland in 2015 were opioid-related. Opioid-related deaths include deaths related to heroin, prescription opioids, and non-pharmaceutical fentanyl.

A. Tobacco:

1. Tobacco use is the leading cause of preventable illness and death in the United States.
2. Currently more than 40 million Americans smoke and cigarette smoking and exposure to tobacco smoke account for more than 480,000 deaths annually in the U.S.
3. In 2013, 16.4% of the adult population and 16.9% of high school students in Maryland reported tobacco use.

B. Alcohol:

1. In 2014, slightly more than half of Americans aged 12 or older reported being current drinkers of alcohol in SAMHSA's National Survey on Drug Use and Health (NSDUH). About 17 million of these, or 6.4%, met criteria for an alcohol use disorder in the past year.
2. In Maryland in 2010, 4.5% of adults reported being heavy drinkers (males having > 2 drinks per day and females having >1 drink per day) and 14.6% reported binge drinking (males having >5 drinks on one occasion, females having >4 drinks on one occasion).

C. Illicit Drug Use:

1. In 2014, an estimated 27.0 million Americans aged 12 or older (i.e. 1 in 10) were current (past month) illicit drug users.
2. The most commonly used illicit drug in the past month was marijuana, which was used by 22.2 million people aged 12 or older.
3. An estimated 6.5 million people reported nonmedical use of psychotherapeutic drugs in the past month, including 4.3 million nonmedical users of prescription pain relievers – making these the second most commonly abused class of illicit drug use.

II. CLIENT EVALUATION, SCREENING, COUNSELING AND EDUCATION

Delegate agency sites must offer substance abuse screening and counseling and must provide appropriate referral as indicated. Given the prevalence of substance abuse as described in the statistics above, universal screening of clients is needed. Targeted screening of only those people perceived by providers to be at risk for substance abuse leads to low detection and referral rates.

A. Client evaluation: Delegate agency site personnel with appropriate training must be aware of signs and symptoms of substance abuse and community resources.

1. Physical signs include: track marks and other evidence of intravenous drug use, alcohol in the breath, scars or injuries, hypertension, tachycardia or bradycardia; tremors; slurred speech, poor hygiene, liver renal disease, rhinorrhea, chronic cough, nervous mannerisms, pinpoint or dilated pupils, reproductive dysfunction (hypogonadism, irregular menses, miscarriage, infertility, fetal alcohol syndrome).
2. Psychological problems include: memory loss, depression, anxiety, panic disorder, paranoia, unexplained mood swings, personality changes, intellectual ability changes, sexual promiscuity, legal problems (theft, arrest), and unreliability.

B. Screening and referral: With a few carefully worded questions using an evidence-based questionnaire, health care providers can learn a great deal about whether a patient is at risk for problems related to substance abuse. A number of standard screening tests have been developed for use by healthcare professionals:

1. For tobacco use the 5 A's Brief Smoking Intervention is recommended:
 - a. Ask about tobacco use. Assess the smoking status of each client at each visit.
 - b. Advise to quit. In a clear, strong and personalized manner, urge every tobacco smoker to quit.
 - c. Assess willingness to make an attempt to quit. Determine if the client is willing to try to quit at this time. For those unwilling to make an attempt at this time, assess dependence and willingness at next encounter.
 - d. Assist in quit attempt. This should include providing the client smoking-cessations resources (see below) and setting of a quit date.
 - e. Follow-up. Schedule for follow-up contact, preferable a week after the set quit-date.
2. For alcohol abuse CAGE questionnaire may be utilized:
 - a. Have you ever felt you ought to **C**ut down on your drinking?
 - b. Have people **A**nnoyed you by criticizing your drinking?
 - c. Have you ever felt bad or **G**uilty about your drinking?
 - d. Have you ever felt you needed a drink first thing in the morning (**E**ye opener) to steady your nerves or get rid of a hangover?
3. For alcohol and drugs: Screening Brief Intervention and Referral to Treatment (SBIRT) can help determine whether a client uses alcohol and/or drugs in unhealthy ways. SBIRT is a comprehensive integrated public approach to the delivery of early intervention and treatment services for clients with substance abuse disorders as well as individuals at risk for developing those disorders. The family planning encounter provides an opportunity for early intervention and provision of services before more severe consequences occur. For more information on SBIRT providers can go to: <http://www.marylandsbirt.org/> SBIRT approach offers the following advantages:
 - a. Screening quickly assesses the severity of substance abuse into the first appropriate level of treatment. Short, well-tested questionnaire

- should be utilized (such as the ASSIST, the CRAFFT, the AUDIT, the DAST, etc) to identify client risks.
- b. Brief Intervention focuses on increasing an awareness regarding substance abuse and motivational core behavior change
- c. Referral to Treatment provides those individuals needing more expensive treatment with access to specialty care
- C. Providers should provide referrals to additional resources and or treatment:
 1. Clients wishing to quit smoking can be referred to the Maryland Quitline 1-800-QUIT-NOW or visit www.smokingstopshere.com where they can access a variety of free resources to assist them with quitting.
 2. More information on substance abuse treatment, referral to treatment and/or self-assessment or screening services visit SAMHSA online to locate substance abuse facilities and treatment help <https://findtreatment.samhsa.gov/> or call SAMHSA 24-hour toll free referral helpline at 1800 662 HELP (1-800-662-4357).
 3. Delegate agencies must have information available to address the needs of counseling adolescents. If services are not available on site, an appropriate referral must be made. Comprehensive research and resources on the prevention of underage drinking is available at **StopAlcoholAbuse.Gov**. <http://www.stopalcoholabuse.gov/>. Materials and resources on this site are provided by 15 federal agencies of the Interagency Coordinating Committee on Underage Drinking Prevention (ICCPUD). More information on ICCPUD is available on this site as well.
- D. The Prescription Drug Monitoring Program (PDMP) has been established by the Maryland Department of Health and Mental Hygiene (DHMH), to support healthcare providers and their patients in the safe and effective use of prescription drugs.
 1. The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients.
 2. Practitioners authorized to prescribe CDS in Maryland must be registered with the PDMP by July 1, 2017. This applies to physicians, physician assistants, nurse practitioners, nurse midwives, dentists, podiatrists and veterinarians.
 3. Registration is conducted through CRISP at www.crisphealth.org.

REFERENCES

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use & Health. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf2>.

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Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>